

HEALTH & SAFETY: THE EMERGENCY ROOM

“Preparing for and During the Emergency Room Visit”

BQIS/Outreach Fact Sheets provide a general overview on topics important to supporting an individual's health and safety and to improving their quality of life. This is the first of three Fact Sheets regarding Managing Emergency Room Visits.

Objectives

Reader will understand what information is essential to bring to the emergency room.

Reader will understand how to prepare an individual for an emergency room visit.

Reader will understand what to do during an emergency room evaluation.

Definitions

Triage: A process for sorting injured and/or ill people into groups based on their need for or likely benefit from immediate medical treatment when limited medical resources must be allocated.

Facts

- It is essential that the person accompanying the individual to the emergency room:
 - Knows the person.
 - Understands the events leading up to and the current status of the event/emergency.
 - Communicates on behalf of the person as needed.
 - Provides emergency department staff with the persons current and past health history and insurance/Medicare/Medicaid information as indicated.
- Emergency room visits may take several hours.
- Depending on the condition of the person, the emergency room staff may:
 - Immediately take the person to an exam room where a doctor will examine them and plan their care.
 - Escort them to the lab for tests or X-rays.
 - Ask them to take a seat in the waiting room until a physician or exam room becomes available. If their condition worsens or you feel you've had an unusually long wait, please talk with someone at the reception desk.

- Not all healthcare providers are experienced in managing individuals with intellectual and developmental disabilities.
- All persons should have a copy of a comprehensive health history (see Health Record Form), list of current medications or current physicians order sheet , food or drug allergies, insurance, and guardian/healthcare representative (HCR) information available in the event of an emergency as recommended by the American College of Emergency Physicians.
- Calling an ambulance may restrict your choices of an ER facility since ambulance drivers may be required to transport to the nearest facility that is accepting patients.

Recommended Actions and Prevention Strategies

1. **Call 911 if a life threatening emergency exists. Provide CPR/first aid as needed until emergency personnel arrive.** (See fact sheet titled “Recognizing and Responding to Change in Status”).
2. Offer the individual explanations and calm reassurance when necessary.
3. Provide information regarding the emergency and any current health related information to Emergency Medical Services (EMS) personnel
4. Accompany the person to the ER if possible.
5. Ensure information is delivered to the ER by hand delivery, fax or phone:
 - updated health information and current list of medication
 - insurance information
 - contact information (guardian/healthcare representative and provider contact)
6. Notify family/guardian and necessary agency personnel as soon as it is safe to do so.
7. If you cannot accompany the person:
 - Call the ER to introduce yourself, explain your relationship to the person and alert them that the person is in transit and why. Explain that someone will arrive as soon as possible to support the person.
 - Be prepared to give them pertinent information that will assist them in caring for the person including why the person is coming, events leading up to the emergency and health and medication information.
 - Provide phone numbers for guardian/HCR and provider agency staff if applicable.
 - Inquire how to best get written information to them.
 - Inform family/guardian and essential agency personnel of the medical emergency and that the individual was sent to the ER without support staff.
 - Arrange for a support person to go to the ER as soon as possible.
8. If accompanying the person to the ER:
 - Inform hospital staff of the recent incident and provide needed health history information.
 - Stay with the individual to provide support and assist with communication.
 - Encourage and facilitate communication with the individual.
 - Refer the healthcare provider to a person in the provider agency, a guardian, or to written information if you do not know answers to the healthcare provider’s questions.

- Discuss anticipated difficulties or resistance with procedures/examinations with the healthcare provider
- Assist with explanations and provide support for procedures/examinations. This may include providing diversions or requesting shorter, simpler events or steps with breaks in between.
- Assist with transfer and positioning.
- **DO NOT give verbal or written consent** for invasive procedures—refer the healthcare provider to the guardian or healthcare representative if individual cannot give own consent.
- Ask hospital staff to keep you informed.
- Ask what tests or procedures are being ordered/performed and request the results of those tests.
- Keep Guardians/Healthcare Representatives and agency personnel informed of the emergency room recommendations and actions.
- Assist in supporting the person but **do not give the person any medication or anything to eat or drink** without permission/directive of hospital personnel.
- Inform hospital personnel of any dysphagia, positioning or other necessary special accommodations.

Learning Assessment

Questions that can be used to verify a person's competency in the material contained in this Fact Sheet:

1. True or False: As soon as you get to the ER someone will ask questions and may do a brief exam in order to decide how quickly you need to be seen.
2. True or False: Don't worry about medical information since it is an emergency the ER staff will not be interested in it.
3. While assisting someone it is appropriate to do all of the following except:
 - A. Ask what is being done
 - B. Assist with positioning and examinations
 - C. Signing consent for needed procedure
 - D. Assisting with communication
4. True or False: An ambulance will take you to your favorite hospital.

References

Conrad Stoppler, Melissa, MD, Shiel, William C., Jr., MD, FACP, FACR. Emergency Room Visit - Twelve Things You Need to Know. www.medicinenet.com/script/main/art.asp?articlekey=55573
 Freeman Health System. Visiting the Emergency Room. www.freemanhealth.com/erjoplin

Related Resources

Emergency Room Series Fact Sheets: "During Discharge", "After Discharge"

Emergency Room Series Checklists: "During the Emergency Room Discharge", "After Discharge from the Emergency Room"

“Recognizing Change in Status” Fact Sheet
“Responding to Change in Status” Fact Sheet
Health Record Form

Learning Assessment Answers

1. True
2. False
3. C
4. False

Outreach Services

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As a service for persons supporting individuals with intellectual/developmental disabilities, BQIS/ Outreach developed the Outreach Fact Sheet Library. The information provided is designed to enhance the understanding of the topic and does not replace other professional or medical instructions or individually developed plans. For more fact sheets and information, please visit DDRSOutreach.IN.gov.



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OR-FS-HS-MA-37(02-09-10)